



John Howard Association of Illinois

2015 recipient of MacArthur Award for Creative and Effective Institutions

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2018 Monitoring Report for IYC-Harrisburg

Illinois Youth Center-Harrisburg (IYC-Harrisburg) is a secure male medium-security Level 2 facility for the Illinois Department of Juvenile Justice (IDJJ). It is located in southeastern Illinois, about 30 minutes from the Illinois-Kentucky border. Harrisburg serves as the southern reception and classification center for IDJJ male youth.

Vital Statistics:

Population: 136

Average Age: 16.6

Population by race: White (28%), Black (65.4%), Hispanic (2.2%)

Committing offense: Murder 0%, Class X felonies 15.4%, Class 1 felonies 28%, Class 2 felonies 43.4%, Class 3 felonies 9%, Class 4 felonies 4.4%.



Key Observations:

- The facility has formed new partnerships with local organizations and companies to have youth visit and participate in volunteer activities. The institution has a variety of job opportunities in the facility, with the largest number of positions being in dietary (food preparation and delivery). Additionally, IYC-Harrisburg has an active vocational program which includes courses focused on carpentry skills, custodial management, and horticulture.
- The classrooms appeared orderly and quiet, and teachers were observed being engaged with students and provided individualized instruction for youth as needed. Security guards were stationed outside of the school area, as opposed to standing watch inside each of the classrooms. Administrators noted several interventions which have helped minimize disruptive behavior by youth, including a “cool down” room for youth to privately work on course material while being supervised by a staff, incentives for good behavior through PBIS (Positive Behavioral Interventions & Supports), and the school-based award of being “Cool in School,” for good behavior, where youth are provided with several incentives including food and access to video games.
- One recent change in the implementation of mental health treatment at IYC-Harrisburg has been the move of mental health counselors from offices in a separate administrative building

into the housing units, which makes mental health providers more accessible to the youth on their caseload.

- Two-thirds (66.6%) of all 102 youth who receive mental health services receive psychotropic medication at IYC-Harrisburg. In examining the empirical support of these medications as it relates to youth, along with the most prescribed medications and diagnoses at IYC-Harrisburg, youth at IYC-Harrisburg are being prescribed medications for disorders for which there is no established effectiveness. For example, Seroquel (Quetiapine), a medication empirically supported to treat severe psychiatric disorders among children such as schizophrenia and bipolar disorder, which has a strong sedating effect, is instead used at IYC-Harrisburg to treat behavioral disorders such as conduct disorder, a disorder for which the medication has not been proven to be effective.
- Because some staff perceive that without being able to use solitary confinement as a form of discipline the institution is ineffective in addressing youth misbehavior, particularly after instances of assaults, several staff have taken alternative steps to ensure that youth experience consequences for their actions. Over the past year, staff, in their capacity as private citizens, have “walked in” charges against youth for their alleged assaultive behavior by going directly to local law enforcement and reporting the in-facility behavior leading to new criminal charges against these youth. Many of these youth have ended up with long sentences in adult prison, an outcome that irreversibly negatively impacts the lives of these youth and their families and stands in clear contradiction to the mission of IDJJ.
- Though no youth whom we spoke with at the time of our visit to Harrisburg reported any mistreatment while in the presence of staff, during visits to other facilities youth who were transferred from IYC-Harrisburg reported their experiences to JHA. One youth stated that correctional officers at the facility encourage youth to fight each other, and when fights do occur, staff members routinely do not intervene. Another youth noted that correctional staff are “abusive,” stating that youth are assaulted by staff when no one is looking and when out of the view of cameras.
- Administrators noted that after a particular age, youth are not influenced by either points or positive rewards. Incentives seem to work, in their experience, with a younger population.

Executive Summary

The John Howard Association (JHA) conducted a full monitoring visit of Illinois Youth Center (IYC)-Harrisburg (Harrisburg) on May 14th, 2018. In our tour of the facility, the school and vocational programs are operating well, and youth appeared engaged with the instruction and the material. Many youth are employed in various positions throughout the institution, including dietary where food for youth and staff are prepared and delivered.

IYC-Harrisburg has received notoriety of late concerning its treatment of youth, both within and outside the facility. Inside the facility, youth are reporting physically abusive treatment by staff, resulting in physical injury. Additionally, when youth have assaulted staff, the involved staff have filed charges as citizens with the State's Attorney's office. Since this practice began in late 2015, approximately twenty youth have faced adult prosecutions, resulting in 14 youth being sentenced while 6 youth have pending cases¹.

In our investigation of the circumstances surrounding this increase in charges being brought against youth, it was revealed that staff who are pressing charges feel that the current protocol for management of disruptive behavior, or Positive Behavioral Interventions and Supports (PBIS), is not effective compared to the previous method of intervention, the use of solitary confinement and restraints. In order to be in compliance with the consent decree in the ongoing *R.J. v. Mueller* litigation, alternatives to solitary confinement had to be enacted, and though IYC-Harrisburg pioneered PBIS in the school system years prior to its implementation throughout IDJJ, some staff have been reluctant to utilize PBIS as the primary means of controlling behavior. Their reluctance is, in part, warranted, as the documentation on PBIS does not appropriately discuss ways to manage extremely disruptive behavior, and for some older youth, incentives provided through PBIS do not seem to impact their behavior. In order to manage problematic behavior, youth are placed on either a "targeted" or "intensive" intervention plan, which require careful planning by multiple staff members, which are discussed in weekly staffing meetings. The staff report that these interventions, though labor-intensive, are effective if implemented correctly.

Another less-discussed method of managing problematic behavior is through the use of psychotropic medication. A total of 68 youth are prescribed psychotropic medications, which is 66.6% of all youth who receive mental health services (102). However, in examining the empirical support of these medications as it relates to youth, along with the most prescribed medications and diagnoses at IYC-Harrisburg, youth there are being prescribed medications for disorders for which there is no established effectiveness. One commonly-prescribed medication, Quetiapine (Seroquel), is shown to be effective for youth with schizophrenia and bipolar disorder. When prescribed to those without such conditions, however, the medication is a strong sedative. Seroquel was reported as being a commonly prescribed medication at IYC-Harrisburg, and neither schizophrenia or bipolar disorder was mentioned as common disorders among IYC-Harrisburg youth, raising the issue of

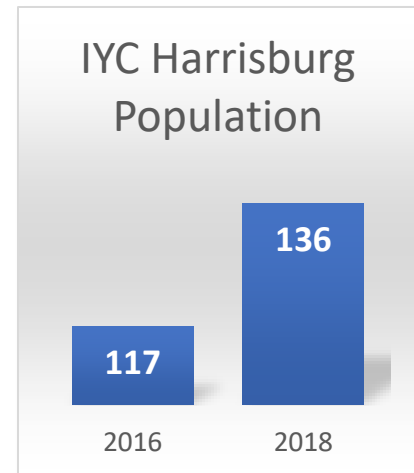
sedating anti-psychotic medications such as Seroquel being used to manage youth behavior in cases where PBIS is not responsive.

Taken together, the reports from youth about treatment from staff, high numbers of youth being prosecuted on adult charges, and use of psychotropic medication that is not indicated for what it is being prescribed for, it is clear that IYC-Harrisburg, as well as the other large IDJJ facilities, lack the ability to successfully manage youth behavior. The inability of IDJJ to create a rehabilitative and restorative environment for youth has led to physical and psychological harm, as well as adult convictions where youth are being sentenced in adult facilities. Of the methods of addressing youth disruptive behavior, the “targeted” and “intensive” interventions, seem to be the most effective. However, these interventions require a great deal of staff effort and coordination, which is challenging to enact facility-wide or to a larger set of youth. Tailored interventions similar to those enacted in IYC-Harrisburg may be better implemented in smaller facilities where more individualized attention and support can be provided to each youth.

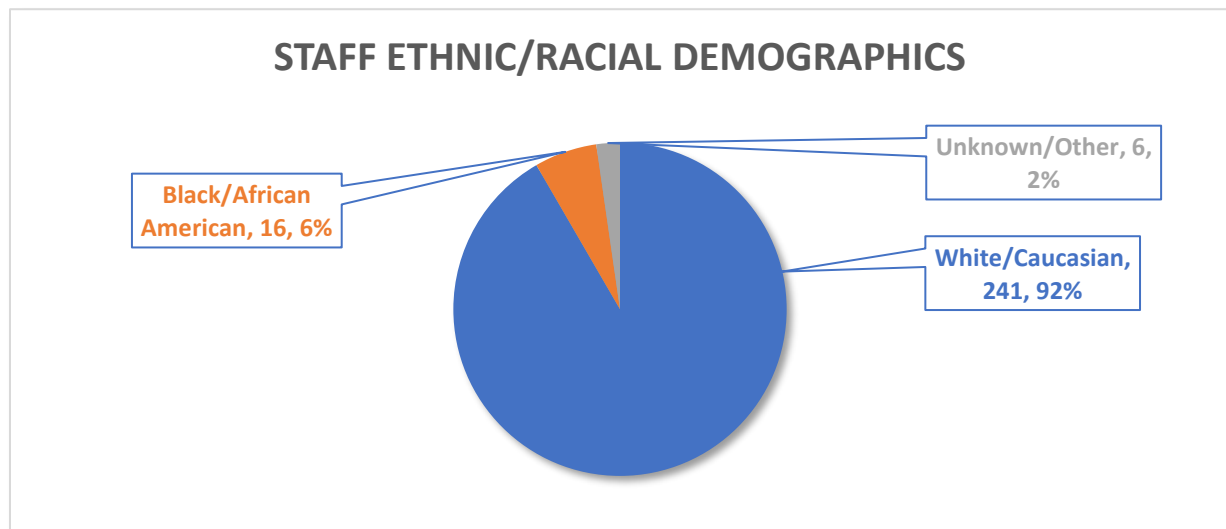
The Facility

A. Population of Youth and Staff

IYC-Harrisburg has capacity to house 257 youth between the ages of 13 to 20 years. At the time of JHA's 2018 visit, the facility held 136 youth, which is a 16% increase in population from JHA's 2016 visit (when the population was 117 youth). The facility's population of 136 youth indicates that the facility is at 45.3% capacity.



At the time of the visit, there were 263 staff (including state and contract positions) at Harrisburg. Of the 263, 241 (92%) were identified as White/Caucasian, 16 (6%) as Black/African American, and 6 (2%) listed their identities as Unknown/Other. The differences between youth racial/ethnic demographics compared to staff are large, with an over-representation of White staff compared to the number of Black youth. However, the staff demographics are similar to those of the surrounding city of Harrisburgⁱⁱ. At the time of the visit there were 151 security staff employed at the facility, and the security staff-to-youth ratio in the facility in the day shift was 1:2, for the evening shift the ratio was 1:3, and for the night shift the ratio was 1:6.



There are 26 staff vacancies in the facility, with a majority of the openings being administrative/ clerical positions. Administrators report that hiring of qualified staff is currently a

concern for the facility as many staff have retired. In addition, incoming applications for security specialists have decreased over the past two years. To address the lack of applications, JHA was told that administrators will be going to job fairs and actively recruiting through colleges and universities in the area. Despite the vacancies, administrators report that the facility is able to operate at the current census by moving staff from clerical positions into security and increasing staff hours in the form of overtime. The staff note that with an increase in overtime hours, the risk of staff burnout increases. Though the facility is managing with current staff levels, they did report that a higher youth population would create a strain on the system, which was the case several months ago when the census was at 150 (58% capacity). As a result, administrators have made concerted efforts to keep the facility census low by releasing youth in a timely manner.

B. Physical Plant

IYC-Harrisburg, which first opened in 1983, is a Level 2 medium-security facility for male youth located in southeastern Illinois, about 30 minutes from the Illinois-Kentucky border. Harrisburg serves as the southern reception and classification center for IDJJ male youth. Due to Harrisburg's dual function as both a reception and classification center and a higher level security facility, it retains traditional adult prison physical plant characteristics such as large, barred doors at entrances and barbed wire.

Youth are housed in buildings B, C, and D, and each building may have up to 4 individual housing units. Building B has 3 housing units on the ground level, and mental health, clinical, and healthcare staff and offices are located on the lower level. Buildings C and D have 4 units per building, with two units on each side of the building. There are specialized units for different populations in the facility, including youth new to IDJJ commitment (Reception and Classification), youth with substance abuse issues, juvenile sex offenders, and youth who may need special intervention due to behavioral issues. These specific units will be discussed below.

In addition to the individual housing units, the facility has a primary building which houses administrative offices, the school, and vocational programming, including carpentry and custodial management. Outside of the primary building, a newly rehabilitated greenhouse was observed by JHA staff, which is used for their horticulture program. The facility also has a gym and a dietary unit, neither of which were observed during this visit.

With regard to recent changes to the physical plant of the facility, it was reported that the electrical system throughout the institution recently received an upgrade. The lack of a fully functioning electrical system caused issues in heating and cooling of the facility last year. Additionally, the facility now has back-up generators which can remedy any disruptions to electrical service. A cooling tower was also installed in the dietary facility, which reportedly reduced the facility water bill by 50%. Concerning other areas of the facility in need of maintenance, the staff identified that

roofs were in need of repair, the plumbing drains need to be replaced, and windows could be replaced to improve energy efficiency.

C. Programming

The facility has formed partnerships with local organizations and companies to have youth visit and participate in volunteer activities.

Administrators reported that youth are offered opportunities to participate in programs in the community, which provide positive social interactions and learning opportunities. The facility has formed partnerships with local organizations and companies to have youth visit and participate in volunteer activities. For example, they have partnered with a local McDonalds fast food restaurant to provide job shadowing opportunities for youth interested in learning employable skills. They also partnered with the Herrin House of Hope, a faith-based organization where youth learn employable skills in the organization's thrift store, food pantry, and restaurant. JHA appreciates the hands-on vocational training offered to youth. It was unclear, however, how many youth are eligible for these vocational trainings, and how often they occur.

In addition to the vocational training trips, well-behaved youth have been taken to college sporting events and theater productions. Of the 136 youth at IYC-Harrisburg,

administrators report that approximately 2-4 youth are approved to go on excursions into the community. The administrators stated that they have a small number of well-behaved youth because otherwise-eligible youth would typically be transferred to the neighboring less-secure facility, IYC Pere Marquette, where outside visits occur with greater frequency.

Administrators discussed their efforts to hold more events inside the facility in order to provide a more diverse experience for youth who are not eligible to leave the premises. Each month they try to hold at least one event in the outside spaces in the facility. Past events include: team building activities, track and field day, water balloon day, an Easter egg hunt, basketball and softball, and a hot dog and marshmallow roast. However, in speaking with youth about activities in the facility, they report minimal activities for youth on lower behavioral levels which has resulted in extended idle time either on their unit or in their cells.

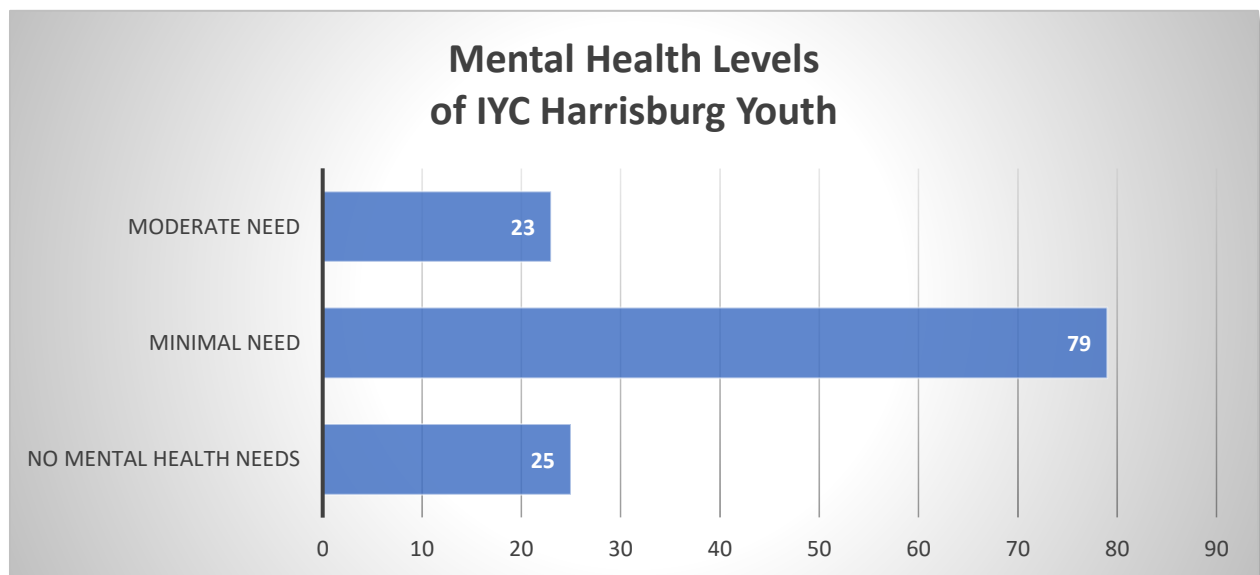
Approximately 55 youth have jobs in the facility, which include food preparation and delivery, ground maintenance, and other tasks that assist in the care of the facility. The ground maintenance jobs are part of the horticulture program, which is beneficial as youth obtain job experience as well as any necessary certifications to use for employment in those professions upon release. Though not linked to a specific vocational program at the institution, dietary (food preparation and delivery) reportedly instructs youth on many additional employable skills beyond basic food preparation, including sanitation, serving, and customer transaction fulfillment.

Mental Health Treatment And Rehabilitative Programming

A. Scope of Mental Health Treatment

IDJJ developed and implemented a mental health level (MHL) system whereby within one week of admission to a parent facility, a youth is placed in a mental health level which dictates the amount and frequency of mental health services. The levels are on a hierarchy ranging from 0 to 4 with “0” indicating no mental health needs to “4” requiring inpatient psychiatric hospitalization. Neither this hierarchy nor the recommendations made in the MHL system are based on requirements from professional manuals, codes or policies like those published by the American Psychological Association.

Of the youth in the facility on the day of JHA’s visit, 20% (25) youth were in level 0 which indicates no mental health needs, 63% (79) youth, were described as having Minimal need (level 1), which according to IDJJ definitions indicates that the youth are presenting with mild signs or symptoms of a DSM-5 diagnosis. The DSM, or the Diagnostic and Statistical Manual of Mental Disorders, now in its fifth edition, is the text used by mental health providers to diagnose clients by providing criteria for a diagnosis. Eighteen percent, or 23 youth, were labeled as having Moderate need (level 2), which according to IDJJ definitions indicates that the youth were presenting with moderate signs or symptoms from the DSM-5. There were no youth in the higher mental health levels, including Urgent (level 3), Critical (level 3.5), or Hospitalized (level 4).



According to IDJJ policy, the youth's level dictates the amount of services required per month. Youth who were in the Minimal need category required at least 90 minutes of mental health services a month, which may include group and/or family therapy. Youth labeled as having Moderate need required weekly mental health services (lasting 45 minutes in length) which may include family therapy sessions. Taken altogether, 80% of youth incarcerated in IYC-Harrisburg are at or above the minimal need of mental health services.

One recent change in the implementation of mental health treatment at IYC-Harrisburg has been the move of mental health counselors from offices in a separate space into the housing units. Though the modification in office space may seem trivial, this change in office location serves multiple beneficial purposes within the institution. First, with the change in location, a mental health provider is assigned to a housing unit, making them the sole mental health provider to youth in that unit. This allows the mental health provider to not only conveniently see youth in the unit, without requiring youth to travel to an office to be seen for therapy, but this also allows the mental health provider to implement impromptu psychotherapy while in the unit. An additional benefit is that the assigned mental health provider can observe the dynamics of youth on the housing unit outside of the context of psychotherapy. One issue with psychotherapy is that a client's behavior may present differently when in session compared to environments outside of therapy. For example, a youth may mention in session that he is being bullied by another youth, and a mental health provider, without having further information to corroborate the statement, must believe what the youth has said. However, at IYC-Harrisburg the mental health provider, in addition to providing psychotherapy to the youth, can also observe the youth in their setting, and can also intervene as necessary. JHA observed this in action with a mental health provider on a living unit, who saw her client for a therapy session and then interacted with youth on the unit.

One recent change in the implementation of mental health treatment at IYC-Harrisburg has been the move of mental health counselors from offices in a separate space into the housing units.

The potential challenge of having only one mental health provider in the housing unit is the issue of therapeutic alliance, or relationship-building with the client and therapist. Not all therapists have positive working relationships with their clients, because of either personality differences or therapeutic relationship dynamics between the therapist and client such as transference and counter-transferenceⁱⁱⁱ. The working relationship between a therapist and client is one of the core components to success in psychotherapy^{iv}. In other clinical settings, if a client and therapist do not work well together, a client is transferred to another therapist. However, changing mental health providers inside the facility can be challenging when one provider is assigned to the housing unit. Further, it was reported that because of low mental health staffing levels, often one mental health provider is assigned to multiple housing units. As a result, this makes changing the assigned mental health provider to a youth even more difficult.

B. Psychiatry

A total of 68 youth at IYC-Harrisburg are prescribed psychotropic medications, which is 66.6% of all youth who receive mental health services (102). The most common diagnoses for which psychotropic medications are prescribed are conduct disorder, attention deficit hyperactivity disorder (ADHD), depressive disorder, adolescent adjustment disorder, and PTSD. The three most frequently prescribed medications were Seroquel (Quetiapine), Adderall, and Buspar (Buspirone).

In 2012, The International Association for Child and Adolescent Psychiatry and Allied Professions reviewed the empirical evidence of psychotropic medications for particular mental health disorders among youth^v. Of the three most commonly prescribed medications at IYC-Harrisburg mentioned

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earlier, Seroquel was shown to be effective in the treatment of schizophrenia and bipolar disorder, Adderall was shown to be effective in the treatment of ADHD, and Buspar was not shown to be effective in any disorders. In examining the empirical support along with the most prescribed medications and diagnoses at IYC-Harrisburg, youth at IYC-Harrisburg are being prescribed medications for disorders for which there is no established effectiveness.

Though lack of empirical support in the prescribing of psychotropic medications may appear harmless, it can be anything but. For example, in 2004, medical providers were prescribing antidepressant medication to youth without prior studies examining its effectiveness on a youth population, several youth who were prescribed the antidepressants committed suicide. This led the Food and Drug Administration (FDA) to include a public warning in October 2004 on the medications about an increased risk of suicidal thoughts or behavior for youth under 25 who were prescribed selective serotonin reuptake inhibitor (SSRI) medications^{vi}. In a later review of the research, Reeves and Ladner suggested that antidepressant-included suicidality was an uncommon occurrence, though legitimate^{vii}. To mitigate the low suicidal risk, they recommended that close monitoring and follow-up care be provided for patients who are newly prescribed an antidepressant. JHA notes that youth in facilities are closely monitored for adverse reactions to medications, including SSRIs.

Additionally, following the 2004 FDA warning, the American Bar Association's Commission on Youth at Risk recommended that agencies that oversee juvenile justice develop comprehensive policies "so that children and youth who need psychotropic medications are prescribed such medications only to treat mental and behavioral health conditions, only as medically necessary, and not merely to control behavior, and that these policies are developed in collaboration with best practice guidelines from medical professional organizations and medical, mental health and disability experts."

Seroquel (Quetiapine), a medication empirically supported to treat severe psychiatric disorders among children such as schizophrenia and bipolar disorder, which can have a strong sedative effect for those patients without those disorders^{viii}, is instead used at IYC-Harrisburg to treat behavioral disorders such as conduct disorder - a disorder for which the medication has not been proven to be effective. Seroquel use has been linked to weight gain and may double the risk of developing type 2 diabetes^{ix} by a disruption of the endocrine system^x, the system that controls the onset and course of the hormonal processes of puberty. A study^{xi} in adults with schizophrenia found that long-term use of antipsychotic medications, such as Seroquel, led to a significant decrease in brain volume. Though this study did not include youth in their sample, we can assume that the consequences of the use of this medication can be even more dire for youth whose brains are still developing.

Dr. Monica Michell, a child psychiatrist at Lenox Hill Hospital at New York, stated: “For children who are not psychotic or bipolar, these medicines [antipsychotics] should be a last resort.”^{xii} At IYC-Harrisburg antipsychotics are being prescribed for the empirically unsupported treatment of behavioral problems, it may appear that the medication is effective when in reality it is not addressing a mental health issue, rather it is the sedating effect, that quells disruptive behavior. Unfortunately, this practice of prescribing antipsychotics for misbehavior is not uncommon in juvenile facilities^{xiii}, but it’s continued prescription despite lack of evidence to support it and lack of research showing the long-term impact of its use among children whose brains and bodies are still in development, calls into question it’s usage across IDJJ facilities^{xiv}.

Seroquel (Quetiapine), a medication empirically supported to treat severe psychiatric disorders among children such as schizophrenia and bipolar disorder, which can have a strong sedative effect for those patients without those disorders, is instead used at IYC-Harrisburg to treat behavioral disorders such as conduct disorder.

C. Family Visits

Administrators stated that they would like to incorporate the technology utilized in telepsychiatry for family visits. Many youth at IYC-Harrisburg come from surrounding counties in southern Illinois, but there are a fair number of youth from Chicago. Regardless of location, family involvement with youth is a challenge at all IDJJ facilities. Administrators also report that within the past year, trainings have occurred for the mental health staff to improve and standardize family therapy, by discussing some of the fundamental concepts involved and how to apply those concepts into a correctional setting.

Given the importance of family members not only in the treatment of mental health issues and behavioral concerns, but also in the successful transition back into the community, it is essential that

youth are provided adequate family contact as is necessary for true rehabilitation. Prevailing best practice standards dictate that contact between youth and families should be maximized to the greatest extent possible, given the evidence that incarcerated youth who have contact with their families have better outcomes upon release.^{xv} We are pleased that IYC-Harrisburg prioritizes family contact for its youth, and is trying to introduce alternatives to physical visits for those youth whose families cannot readily come to the facility to see them due to geographic and/or financial constraints.

D. Substance Abuse Treatment

At IYC-Harrisburg, substance abuse programming is provided by Youth Outreach Services (YOS), who provide services for substance abuse treatment throughout IDJJ facilities. Youth who are in the Substance Abuse housing unit are enrolled in a 90-day program which utilizes an adapted version of the Forward Thinking curriculum. Administrators report that within the past year, youth are required to be enrolled in the program if they obtain a high score on the Global Appraisal of Individual Needs (GAIN) assessment, which is 1 or above. According to the GAIN manual^{xvi}, a score of 1 or above “indicates the need for substance abuse, dependence, and substance use disorder treatment and, in more extreme cases, the need for detoxification or maintenance services.” Prior to this change in enrollment criteria, youth were required to enroll in the substance abuse program if they were ordered by the court to do so or if their GAIN score was 2 or above. Based on the current standards of a GAIN score of 1 and above, administrators stated that “a lot of youth need treatment.”

The substance abuse treatment program at IYC-Harrisburg has the capacity to serve 25 youth, at the time of JHA’s visit in May the program was full and there were 55 youth on their waiting list. Administrators reported in October that there was no longer a waitlist for the program.^{xvii} According to administrators, a youth’s enrollment is not prioritized based on the severity of his substance use, but rather on the youth’s release date. When youth are sentenced to state custody they receive indeterminate sentences. Thus, their release is contingent upon being deemed rehabilitated rather than upon their completing a specific sentence, although youths’ target release dates are determined upon their admission to IDJJ. The purpose of prioritizing youth’s enrollment in the substance abuse treatment based on release date is so that youth are not forced to stay in custody beyond their release date solely to complete the program. However, it was reported that 3-4 youth were held beyond their release date in the past year in order to complete substance abuse treatment.

The substance abuse treatment program at IYC-Harrisburg has the capacity to serve 25 youth, and the program is currently full with 55 youth on their waiting list.

JHA believes that to prolong incarceration on these grounds is arbitrary, overly punitive and needlessly exposes youth to the trauma and harm of extended incarceration (separation from family, reduced educational opportunities, social, emotional and psychological deterioration), when community-based substance abuse programs are available to youth upon their release. Such a policy also runs contrary to Illinois law which provides that delinquent youth must be placed in the least-restrictive environment capable of meeting their needs and public safety^{xviii}. The benefit of enrollment in the substance abuse program, however, is that once a youth completes the program, this initiates a release review meeting whereby administrators and staff examine the youth's progress in the facility to determine if s/he is eligible for release.

To address the wait list for those youth who are also required to participate in other programs in addition to substance abuse programming, IDJJ issued a directive in February 2018 to minimize the wait list for substance abuse treatment by providing alternative, accelerated substance abuse programming for youth who fall into four categories. The first category includes youth who have violated aftercare but who previously completed the substance abuse curriculum. Rather than requiring these youth to repeat the full 90-day program, these youth instead are offered an abbreviated 4-week substance abuse program. The second category is for youth whose GAIN assessment indicates that they qualify for relapse prevention. These youth must complete 10 sessions of substance abuse treatment. The third category, youth in the Juvenile Sex Offender treatment program, are allowed to participate in a modified substance abuse treatment lasting 8 weeks. Finally, youth in the fourth category, who are unable to participate in the standard substance abuse treatment program because of mental health issues, severe learning disabilities, or due to their posing safety or security issues in the facility, among other reasons, are offered a 24-session substance abuse program that lasts for 8 weeks.

Providing a shortened substance abuse program to all youth could benefit youth who are on the wait list and whose release date may be unfairly delayed due to their inability to timely enroll in and complete a 90-day program.

JHA commends IDJJ's attempts to decrease the wait list and expedite youth into the substance abuse program to reduce the risk of delaying youths' release dates. IYC-Harrisburg administrators report that expediting the program does not diminish the program's effectiveness. If this is the case, however, it begs the question why the entire substance abuse program cannot be accelerated and expedited in a similar fashion for all youth, rather than just for those youth who fall into the categories articulated above. Providing a shortened substance abuse program to

all youth could benefit youth who are on the wait list and whose release date may be unfairly delayed due to their inability to timely enroll in and complete a 90-day program.

Another consideration in the structure of substance abuse treatment inside IDJJ facilities is reevaluation of who really requires this intervention. In our discussion with administrators, they

reported that a majority of youth are primarily using marijuana, alcohol, and some are reporting methamphetamine abuse. In examining the data across IDJJ facilities, the primary substance abused among youth who were engaged in substance use treatment has remained overall constant over the past year, with on average 83.4% using marijuana, 5.3% using alcohol, and 8.3% using “other drugs.” According to the Monitoring the Future study, the longest-running project examining substance use among adolescents, 45% of youth in the 12th grade in 2017 have reported using marijuana^{xix}, which is second to alcohol in abused substances.

The frequency of use among both groups highlights the importance of triaging youth based on the severity of the substance use, and reverting back to the enrollment criteria of a GAIN score of 2 and above, compared to a GAIN score of 1 and above. By adjusting the enrollment criteria, fewer youth who may not need treatment would be enrolled in the program. Substance use can, at times, be adaptive for youth who live in stressful or trauma-invoking situations. Though JHA does not condone the use of illegal substances among adolescents, we, as well as mental health providers, understand its use by youth who do not have ready access to mental health treatment or other means to escape toxic environments.

Behavioral Management Reforms: Level System and PBIS

After observing positive results from the application of the Positive Behavioral Interventions & Supports (PBIS) program (see text box) in the school settings of both IYC Harrisburg and IYC St. Charles, IDJJ officially began the implementation of PBIS at all IYCs in 2014^{xx}.

PBIS is a behavioral management strategy based on providing incentives for good behavior as opposed to concentrating efforts on negative consequences for bad behavior.

A key component of this program is offering incentives that are both achievable and desirable to the population to which they are offered.

IDJJ’s implementation of PBIS in 2014 expanded to include all youth performance and behavior in the facilities. According to IDJJ documentation on PBIS, each day is segmented into fourteen periods, and youth earn points throughout the day for good behavior. At the end of each of the fourteen hourly periods, the youth’s supervising staff are to notify the youth of the amount of points earned and the justifications for them. Youth may earn up to two points in each of these periods. During these discussions with staff and youth, it is intended that the staff focus on youth’s positive behavior. The amount of points earned throughout the week determines a youth’s behavioral level, which correlates with differing levels of privileges.

Youth can be placed on one of four levels, with level 3 being the lowest level and the level to which all incoming youth at the facility are assigned, and Honors level being the highest. A youth's points earned during the week determine their level for the subsequent week. Points dictate how many commissary items youth can purchase at the facility. Points earned through PBIS can also be redeemed at the PBIS store.

In theory, the model of PBIS, if adopted by staff, will change the culture of the institution whereby staff focuses on a youth's strengths and positive behaviors and an atmosphere of mutual caring and respect is created. The documentation on PBIS does not address the use of restraints or solitary confinement, nor does it appropriately address problematic or disruptive behaviors that cannot be controlled through the loss of points. An additional policy of youth interventions has been enacted to address those youth who may need a coordinated team effort to manage behavior. Youth who are designated as requiring "targeted" or "intensive" interventions are discussed in multidisciplinary staffing meetings where an intervention plan is assigned for the specific youth and implemented. According to IDJJ policy, these interventions may include the following: more individualized, personally-tailored incentives and goals, the exploration of alternative responses to discipline, the creation of a behavior plan reflecting personalized goals, strategies, and staff responses to specific youth behavior, criteria for assessing that specific youth's progress, and placement in a specialized housing unit. A youth's progress during these interventions is discussed in follow up meetings.

Concerning the implementation of PBIS at IYC-Harrisburg, administrators report that they are following the protocols with fidelity to the model laid out by IDJJ. They report that while staff are following the PBIS procedures, a "culture change" throughout the facility extending to all staff members has not yet occurred, as evidenced by the fact that some disgruntled staff have individually pursued new criminal charges against youth for misconduct that occurred inside the facility. Administrators note that some staff maintain the previous mindset inherited from when IYC-Harrisburg was part of the Illinois Department of Corrections, and focused on adult punishment and control to exclusion of adolescent rehabilitation, development, and behavior modification. One of the key underlying components of PBIS is the relationship between staff and youth, exemplified in the daily staff-and-youth discussions where the staff assigns the youth points and discusses her/his decision with the youth. Administrators report that these discussions are occurring inconsistently, which frustrates youth because they would like to know their status with regard to points. Despite this challenge, administrators report that the program is going well overall, and that youth and staff all understand its components and procedures. According to the staff, "It [PBIS] drives the facility."

They report that while staff are following the PBIS procedures, a "culture change" throughout the facility extending to all staff members has not yet occurred.

As one of the first IDJJ institutions to implement PBIS, IYC-Harrisburg administrators have had the

[IYC-Harrisburg] are receiving many more youth with serious violent offenses, who have behavioral problems in the facility, and who reportedly are less receptive to PBIS.

opportunity to make some pointed observations about its effectiveness, strengths, and limitations. First, they noted that after a particular age, youth are not influenced by either points or positive rewards. Incentives seem to work, in their experience, with a younger population. In addition to the challenges of receptiveness to PBIS based on age, the administrators also report that they are receiving many more youth with serious violent offenses, who have behavioral problems in the facility, and who reportedly are less receptive to PBIS.

For those youth who have not been receptive to PBIS to manage behavior, administrators state that they have used an alternative approach, such as the “targeted” or “intensive” interventions. A youth’s progress during these interventions is discussed in the staffing meetings. A de-identified intensive intervention plan was provided to JHA for review, which included an analysis of the problematic behaviors, and then provided a plan to address the behaviors. In the intervention plan, the problematic behaviors were identified as assaults and impulsivity, which were preceded by conflicts with youth and staff. The intervention plan instructed the youth to write in a journal when the youth engaged in thoughts or behaviors which may relate to assaults and impulsivity, and these journal entries would be reviewed by their Youth and Family Specialist (YFS) case worker. JHA was not informed about the effectiveness of this intervention in this instance. However, the Substance Abuse and Mental Health Services Administration’s (SAMSHA) review of empirically supported interventions for disruptive behavior disorders that include symptoms of aggression and impulsiveness does not include journaling as an appropriate intervention^{xxi}. Administrators report that the targeted and intensive interventions are an area where more focus needs to be placed as an institution. Inherently, these interventions require much planning and coordination to implement, and if many youth are on targeted or intensive interventions, this creates a great deal of work for staff. In a system that is already overburdened given lack of staffing and extensive overtime, this creates challenges in increasing attention and resources for interventions and staffings.

Administrators suggested that ideally, youth with more problematic or disruptive behaviors should be moved to smaller facilities, such as the neighboring facility Pere Marquette, where they can receive individualized attention and support. However, Pere Marquette and smaller facilities in IDJJ are typically used to house the lower-risk, well-behaved youth. Research shows that decentralized, small, community-based secure treatment centers that provide intensive, individualized services offer the greatest opportunity for help and rehabilitation for the small portion of the juvenile population that are violent and present a risk to public safety.^{xxii} While IDJJ has made substantial improvements over the last decade, it still remains tethered to an outmoded model of juvenile justice in that the most troubled, traumatized, aggressive youth in the juvenile justice system continue to be housed in large IDJJ facilities far from home and family where intensive, personalized

attention, services and interventions are simply not feasible. In developing the targeted and intensive interventions, administrators report that the team makes an effort to understand the immediate context of the behavior, such as those influences in the facility, including peers and life events occurring outside of the facility. They also take a “trauma-informed” approach, whereby they try to understand the connection between a youth’s history of trauma on their current disruptive behavior. JHA applauds the efforts of IYC-Harrisburg staff to understand the true motivation of an adolescent’s disruptive behavior, and in their attempts to address it through effective tailored interventions despite challenges in staffing.

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Prior to the entry of a consent decree and court-ordered reform of IDJJ resulting from the *RJ v. Mueller* litigation, youth misbehavior was often responded to through use of solitary confinement.^{xxiii} Youth would be placed in a secure room for a period of days, with limited access to recreation, socialization, programming, showers and phone calls. This practice is still commonplace in many adult facilities. For youth, whose brains are still in development, there is documented evidence that solitary confinement has a profoundly deleterious impact on youth and can lead to a host of negative consequences. Specifically, the American Psychological Association reports that youth in solitary confinement are at increased risk of self-mutilation and suicidal ideation; experience greater anxiety, depression, sleep disturbances, paranoia, and aggression; experience an exacerbation of the onset of pre-existing mental illness and trauma symptoms; and are at increased risk of cardiovascular problems^{xxiv}. As a result of these findings and in conjunction with reforms put in place by the consent decree, IDJJ implemented alternative consequences to solitary confinement in response to disruptive behavior. As discussed above, the Department’s approach utilized the PBIS behavioral management system as well as a system of graduated sanctions, stopping short of putting youth in isolation as a punitive measure. There are certain circumstances where limited isolation of youth still occurs inside IDJJ facilities, such as during pending investigations into misconduct and when youth are in a state of crisis, but protocols exist to ensure that youth in this status are routinely checked on by mental health staff.

The adoption of PBIS in facilities such as IYC-Harrisburg has been gradual, and administrators report that several personnel are resistant to the removal of solitary confinement as a primary means of controlling behavior. They also report that staff see PBIS as largely ineffective because it

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does not punish youth, but rather focuses on enhancing motivation for positive behaviors. In an interview with the Southern Illinoisan^{xxv}, a correctional officer at IYC-Harrisburg stated that youth “can get a staff assault and virtually get nothing out of it.” If time is added to the youth’s length of stay to punish him for the assault, the staff member reported that youth are quickly able to earn the time back off of their stay through good behavior: “So, I can punch you in the head, and two weeks later earn that all back.”

Because some staff believe that youth misconduct goes unpunished in the absence of solitary confinement, some staff have taken to filing complaints with the police and seeking to criminally prosecute youth for minor altercations that occur within the facility. Over the past two years, staff, in their capacity as private citizens, have “walked in” or pressed charges against youth for alleged assaultive behavior by going directly to local law enforcement and reporting the in-facility behavior. Saline County State’s Attorney, Jayson Clark - who is seeking to be elected Saline County State’s Attorney in the upcoming 2018 election, and recently received the endorsement of AFSCME, the union which represents correctional officers at IYC- Harrisburg and is a powerful voting bloc in the county - has continued the policy of his predecessor, State’s Attorney Michael Henshaw, of bringing formal charges and pursuing criminal prosecution of youth for trivial offenses, such as spitting on or shoving past an IYC- Harrisburg staff member, to placate staff complaints that youth are not being effectively disciplined without solitary confinement.^{xxvi}

In the context of the *RJ v. Mueller* litigation, serious ethical concerns have been raised that the prosecutions are selectively and politically motivated, and that youth so charged are being deprived of basic constitutional protections of due process and effective assistance of counsel in the Saline County Courts.^{xxvii} Most of the youth are charged with adult offenses for incidents that occurred within the facility. These adult charges carry with them the threat of harsh adult prison sentences that are grossly disproportionate to the underlying misconduct. To illustrate, a youth was convicted of aggravated battery of a correctional officer and sentenced to 6 years in an adult prison because he spit on a correctional officer when he was 18 while committed as a juvenile at IYC- Harrisburg.^{xxviii} In addition, because staff are acting as

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private citizens when they report youth misconduct to local law enforcement, and do not notify facility administrators of their actions, administrators frequently are unaware of the new charges until a warrant is issued for a youth in the facility. JHA also was disturbed by reports that some staff's bitterness and frustration with administration over changes in IDJJ disciplinary policies have transferred into feelings of personal vindictiveness towards youth. For instance, JHA received a report that a staff member reported a youth to the police for criminal charges, withheld this fact from the youth in daily interactions and went so far as to make recommendations for the youth's release during review hearings with the knowledge that the youth would be arrested and taken into custody in Saline County immediately after his release. JHA cannot verify this account, however the large number of IYC Harrisburg youth facing new criminal charges due to in-facility behavior serves to illustrate this point.

Administrators report that only a small group of approximately 5 to 7 staff are responsible for personally filing criminal complaints against youth. IDJJ administration has stated that they do not support the practice of staff individually filing criminal complaints against youth. Rather, IDJJ

Since late 2015, when JHA reported that this practice originally started, approximately twenty youth have faced adult prosecutions, resulting in 14 youth being sentenced while 6 youth have pending cases

follows a policy of referring matters to the police for filing a formal criminal complaint against youth when serious violence or injury to staff occur. Since late 2015, when JHA reported that this practice originally started^{xxix}, approximately twenty youth have faced adult prosecutions, resulting in 14 youth being sentenced while 6 youth have pending cases^{xxx}

JHA believes that the practice of some staff personally bringing criminal complaints against youth in their capacity as individual civilians is unfair, counterproductive, and undermines correctional chain of command and consistency, which are essential to

institutional safety. This practice also points to a breakdown in communication, organization, and trust between staff who take a harsh, punitive view of juvenile justice and IDJJ administrators, who are working to bring Harrisburg in line with modern juvenile justice standards that focus on changing youth behavior through trauma-informed, rehabilitative interventions. As JHA has stated when the criminal complaints began^{xxxi}, IDJJ has a responsibility to create policies and institute practices that maintain the safety of youth and staff. If this is not happening, then further modifications to policy, training, or other changes are needed with feedback and collaboration from staff.

JHA received an alarming number of reports from youth of abuse and harmful treatment at the hands of correctional staff at IYC- Harrisburg. No youth whom JHA spoke with during our visit to IYC- Harrisburg reported any staff mistreatment. This lack of any complaints was itself troubling because youth at every facility generally raise some complaints about staff conduct during JHA

monitoring visits, even if related to trivial matters. During our visits to other facilities, however, youth who were formerly housed at IYC-Harrisburg but recently transferred to another facility spoke freely with JHA about experiences with staff misconduct at Harrisburg.

One youth stated that correctional officers at the facility encourage youth to fight each other, and when fights do occur, staff members routinely do not intervene. Another youth noted that correctional staff are “abusive,” stating that youth are assaulted by staff when no one is looking and when out of the view of cameras.

Youth who were originally at IYC-Harrisburg and then transferred to other facilities, also shared more specific incidents of mistreatment that occurred at IYC-Harrisburg. One youth reported that following a fight, a youth, who had already submitted to correctional officers’ commands and was subdued and on the ground, was approached by a correctional officer who sprayed the youth directly in the face with pepper spray. Another youth observed a correctional officer slam a youth’s head into a water fountain faucet while he was drinking water, which caused injury and bleeding. Another youth stated that during an altercation between two youth, one of the youth refused to submit because the other youth was being physically assaulted by staff and the youth wanted to defend him. When the youth finally did submit to correctional officer commands by laying face-down on the ground on his stomach, a correctional officer picked up his head and hit his face into the floor repeatedly.

Another youth observed a correctional officer slam a youth’s head into a water fountain faucet while he was drinking water, which caused injury and bleeding.

Finally, a youth who refused to get his fingers out of the “chuck hole” (a rectangular slot in a cell door) had his fingers smashed by the door by a correctional officer, leading to the youth’s fingertip being cut and severed. JHA was informed from an outside source that following the injury, the youth’s pleas for assistance were ignored for fifteen minutes, and he only received medical attention after other youth in the unit began yelling and banging on the doors. IDJJ administration reported that this incident has been referred for external review.

It should be noted that these accounts were provided independently and voluntarily by youth who were housed at the facility at one point in the past year. It should also be noted that some of the stories they shared with us have been corroborated by multiple parties from different parts of the criminal justice system. It is also noteworthy that transferred youth were able to discuss instances of physical abuse, yet no youth at the facility reported mistreatment.

Education

Administrators report that in the 2017 school year, IYC-Harrisburg had 30 high school graduates, 24 youth passed their GED exam (General Education Development - a High School Equivalency Diploma program), and 12 youth earned their 8th grade diploma. There were two teaching staff vacancies at the time of the JHA visit; one in regular education and one special education teacher. Despite these vacancies, the school was in full operation at the time of the visit. In observing the school, which was housed in the same building as the administrative offices, the classrooms appeared orderly and quiet. Security guards were stationed outside of the school area, as opposed to standing watch in the individual classrooms.

Throughout IDJJ facilities, students learn through a blended learning model of instruction, which includes online-based instruction coupled with teaching staff who provide academic support. IDJJ currently uses the Pearson Connexus online learning program^{xxxii}, which is an accredited program for students to earn transferrable credits. Under this program, credits earned by youth in the facility go towards earning their high school diploma from schools in any Illinois public school district, including school district 428 which serves all of the IDJJ facilities. Because this program is primarily online-based, the instruction is tailored to the individual's academic progress within each subject area. As a result, IYC-Harrisburg teachers may have a classroom of students in a subject area, but the individual students may be working at entirely different grade levels. As the teachers assist the students, they must tailor their support to these various grade levels which requires great dexterity and creativity by the teachers.

The students appeared active and engaged in the Pearson Connexus system. Teachers were observed being engaged with students and provided individualized instruction for youth as needed.

In addition to the classrooms dedicated to subject level instruction, the school at IYC-Harrisburg also had a room for youth who have behavioral issues or who may need a quiet space to complete testing. This room serves as a “cool down” room for youth to privately work on their course work or testing outside of the presence of potentially distracting peers. The principal noted that this room

The principal noted that, in addition to rewards provided through PBIS, they have created rewards for youth who are well behaved during a particular period of time. These youth are recognized as being “Cool in School,” and are provided with several incentives including food and access to video games.

is used as an alternative to disciplinary action for youth who are disruptive. JHA appreciates the use of alternatives to confinement and other forms of punishment in the management of youth’s behavior in the school. IYC-Harrisburg’s focus on redirecting and containing behavior while providing youth with opportunities to continue their education is important for youth rehabilitation and for moving the facility forward and away from punitive responses. The principal noted that, in addition to rewards provided through PBIS, they have created rewards for youth who are well behaved during a particular period of time. These youth are recognized as being “Cool in School,” and are provided with several incentives including food and access to video games. These incentives, coupled with PBIS, have helped minimize behavioral disruptions in the school.

The lower level of the school houses the instruction rooms for vocational programming in custodial management and carpentry. JHA observed each of these rooms, and in the custodial management classroom, instruction was taking place. The teacher was observed actively engaged with students while discussing the course material, and students appeared to be focused on the course content. As mentioned earlier in this report, the culinary arts program employs and trains a number of youth in the institution, and it was reported that the horticulture program has begun starting June 2018, after the JHA visit. We look forward to seeing the horticulture program in full operation on our next visit.

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This report was written by JHA staff. Media inquiries should be directed to JHA's Executive Director, Jennifer Vollen-Katz, at (312) 291-9555 – extension 205, or jvollen@thejha.org

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Since 1901, JHA has provided public oversight of Illinois' juvenile and adult correctional facilities. Every year, JHA staff and trained volunteers inspect prisons, jails, and detention centers throughout the state. Based on these inspections, JHA regularly issues reports that are instrumental in improving prison conditions.

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ⁱ In preparation of this report, JHA asked multiple sources for the most updated information, including IDJJ administrative staff, IYC-Harrisburg staff, as well as other organizations whom are familiar or involved with the youth who have been charged with adult offenses. The data presented here is an approximation based on the available data.

ⁱⁱ <https://www.areavibes.com/harrisburg-il/demographics/>

ⁱⁱⁱ Transference and Counter-Transference explained here:
<https://www.clinpsy.org.uk/forum/viewtopic.php?t=1979>

^{iv} Lynch, Margaret McCoy, "Factors Influencing Successful Psychotherapy Outcomes" (2012). *Master of Social Work Clinical Research Papers*. Paper 57. http://sophia.stkate.edu/msw_papers/57

^v Rey JM (Editor). *IACAPAP e-Textbook of Child and Adolescent Mental Health*. Geneva: International Association for Child and Adolescent Psychiatry and Allied Professions 2012.

^{vi} See more information at: <https://www.nimh.nih.gov/health/topics/child-and-adolescent-mental-health/antidepressant-medications-for-children-and-adolescents-information-for-parents-and-caregivers.shtml>

^{vii} Reeves and Ladner, "Antidepressant-induced suicidality: an update," *CNS Neuroscience & Therapeutics*, 16(4): 227-34.

^{viii} <https://www.drugs.com/sfx/seroquel-side-effects.html>

^{ix} <http://healthland.time.com/2011/05/26/why-children-and-the-elderly-are-so-drugged-up-on-antipsychotics/>

^x <https://www.drugs.com/sfx/seroquel-side-effects.html>

^{xi} <https://www.ncbi.nlm.nih.gov/pubmed/21300943>

^{xii} <https://www.reuters.com/article/us-antipsychotics-children/antipsychotics-cause-rapid-weight-gain-in-youth-idUSTRE59Q4Q920091028>

^{xiii} <http://healthland.time.com/2011/05/26/why-children-and-the-elderly-are-so-drugged-up-on-antipsychotics/>

^{xiv} After reviewing a draft of this report with IDJJ administration, they reported that the current medication initiatives at IYC-Harrisburg include:

1. Decrease use of antipsychotic (neuroleptic) agents. For youth with conduct (i.e. "behavioral") problems (such as Conduct Disorder), these agents should only be used if there is a significant appropriate comorbid mental disorder. Even then, other drug categories should be considered first before going to an antipsychotic. In general, atypical antipsychotics should be used over first generation antipsychotics.
2. In particular, Seroquel prescriptions should decrease significantly. Sleep issues should be addressed first by non-psychopharmacologic agents.
3. Stimulants should be considered in youngsters with ADHD. Vyvanse should be considered instead of Adderall.
4. SSRIs use should increase, particularly for new diagnoses of DMDD. Treatment providers need to be observant for potential activation side effect.

^{xv} Models for Change, "Family Involvement in Pennsylvania's Juvenile Justice System," (2009), available at: <http://www.pachieffprobationofficers.org/docs/Family%20Involvement%20Monograph.pdf>; Joan Pennell, Carol

Shapiro, Carol Spigner, Center for Juvenile Justice Reform at Georgetown University, “Safety, Fairness, Stability: Repositioning Juvenile Justice and Child Welfare to Engage Families and Communities,” available at: <http://cjjr.georgetown.edu/pdfs/famengagement/FamilyEngagementPaper.pdf>; Vera Institute of Justice, “Setting an Agenda for Family-Focused Justice Reform,” (2011), available at: <http://www.vera.org/files/FJP-advisory-board-report-v6.pdf>

^{xvi} Available for download at: https://www.assessments.com/assessments_documentation/gain_ss/GAIN-SS%20Manual.pdf

^{xvii} After reviewing the draft of this report with IDJJ, they noted that as of October 22nd, 2018, there are no youth on the waiting list who are not on track to start and finish the program before their target release date. Additionally, they report that since April 2018, IDJJ’s Substance Abuse Manager has reviewed youth being placed into substance abuse programming to ensure they have sufficient time to finish the program before their Target Release Date. They have allowed a number of youth to obtain treatment in the community if they did not have time to complete the program while in IDJJ custody.

^{xviii} 705 ILCS 405/5-750, available at: <http://www.ilga.gov/legislation/ilcs/fulltext.asp?DocName=070504050K5-750>

^{xix} National Institute on Drug Abuse. “Monitoring the Future Study: Trends in Prevalence of Various Drugs.” Retrieved from <https://www.drugabuse.gov/trends-statistics/monitoring-future/monitoring-future-study-trends-in-prevalence-various-drugs>

^{xx} Illinois Department of Juvenile Justice, “Illinois Department of Juvenile Justice Annual Report,” (2014), available at [https://www2.illinois.gov/idjj/Documents/2014_12_01_DJJAnnual%20Report_Final\(4\).pdf](https://www2.illinois.gov/idjj/Documents/2014_12_01_DJJAnnual%20Report_Final(4).pdf)

^{xxi} Substance Abuse and Mental Health Services Administration. “Evidence-Based and Promising Practices: Interventions for Disruptive Behavioral Disorders.” Available at: <https://store.samhsa.gov/shin/content/SMA11-4634CD-DVD/EBPsPromisingPractices-IDBD.pdf>

^{xxii} Annie E. Casey Foundation, “The Missouri Model: Reinventing the Practice of Rehabilitating Youthful Offenders” (2010), <https://www.aecf.org/m/resourcedoc/aecf-MissouriModelFullreport-2010.pdf>; Shelley Zavlek, U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, “Planning Community-Based Facilities for Violent Juvenile Offenders as Part of a System of Graduated Sanctions,” (2005), <https://www.ncjrs.gov/pdffiles1/ojjdp/209326.pdf>

^{xxiii} In 2012, the American Civil Liberties Union, representing all youth residing in IDJJ facilities, filed a class action lawsuit (*RJ v. Mueller*, Case: 12-CV-07289 (N. D. Ill.) against IDJJ seeking improvements in mental health; education; and, conditions of confinement. A consent decree was ordered by the federal court in April 2014. Under the supervision of the federal court and court-appointed monitors, IDJJ is still in the process of implementing reforms required under a remedial plan: <https://www.aclu-il.org/en/cases/rj-v-jones>

^{xxiv} American Psychological Association. “Solitary Confinement of Juvenile Offenders.” Available at: <https://www.apa.org/advocacy/criminal-justice/solitary.pdf>

^{xxv} https://thesouthern.com/news/local/communities/harrisburg/citing-lack-of-discipline-for-bad-acts-harrisburg-iy-c-staff/article_dd093a41-a379-51f2-9729-1b834069795e.html

^{xxvi} Duaa Eldeib, The Southern, “For some youths at Harrisburg IYC, ‘minor’ offenses lead to major sentences in adult prison,” (Oct 29, 2017); https://thesouthern.com/news/local/for-some-youths-at-harrisburg-iy-c-minor-offenses-lead-to/article_2e894725-0a20-5973-903d-b2dd59e7f2ba.html; AFSCME endorsements: 2018 general election (August 20, 2018): <http://www.afscme31.org/news/afscme-endorsements-2018-general-election>; *RJ v. Mueller*, Plaintiff’s Motion to Enforce, Case: 1:12-cv-07289, Document #: 202 (N.D. Ill. 7/17/17),

<https://docs.google.com/viewerng/viewer?url=http://wsil.images.worldnow.com/library/484ed951-0400-46e5-9065-242282492c8c.pdf>

^{xxvii} *RJ v. Mueller*, Plaintiff's Motion to Enforce, Case: 1:12-cv-07289, Document #: 202 (N.D. Ill. 7/17/17), <https://docs.google.com/viewerng/viewer?url=http://wsil.images.worldnow.com/library/484ed951-0400-46e5-9065-242282492c8c.pdf>

^{xxviii} The Southern, " IYC-Harrisburg inmate sentenced to six years in state prison for spitting on guard" (august 4, 2016), https://thesouthern.com/news/local/crime-and-courts/iyc-harrisburg-inmate-sentenced-to-six-years-in-state-prison/article_cefe0094-97e0-5a2e-aca0-3ee6542be807.html

^{xxix} <http://www.thejha.org/statement071817>

^{xxx} In preparation of this report, JHA asked multiple sources for the most updated information, including IDJJ administrative staff, IYC-Harrisburg staff, as well as other organizations whom are familiar or involved with the youth who have been charged with adult offenses. The data presented here is an approximation based on the available data.

^{xxxi} <http://www.thejha.org/statement071817>

^{xxxii} Learn more at: <https://www.pearson.com/us/prek-12/products-services-teaching/online-blended-learning-solutions/pearson-connexus.html>